

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hai Yu et al. :
Serial No.: 10/552,359 : Group No.: 2832
Filed: October 03, 2005 : Examiner: Barrera, Ramon M.
For: MAGNETIC FIELD GENERATOR :
FOR MRI AND METHOD OF :
COVERING MAGNETIC FIELD :
GENERATOR FOR MRI :

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Response to Election of Species Requirement in response to the Office Action dated
February 04, 2009 (4 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136
apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month | \$ 130.00 | \$ 65.00 |
| _____ second month | \$ 490.00 | \$ 245.00 |

| | | |
|--------------------|-------------|------------|
| _____ third month | \$ 1,110.00 | \$ 555.00 |
| _____ fourth month | \$1,730.00 | \$ 865.00 |
| _____ fifth month | \$2,350.00 | \$1,175.00 |

Fee: _____ \$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|---|--|---------------------------------|--|---------------|-------------------------|----|-------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | ADDITIONAL RATE FEE | | ADDITIONAL RATE FEE |
| TOTAL INDEP. | | MINUS | | = | x \$26.00 = \$ | | x \$52.00 = \$ |
| | | MINUS | | = | x \$110.00 = \$ | | x \$220.00 = \$ |
| _____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$195.00 = \$ | | + \$390.00 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

☐ Charge Deposit Account No. 01-2384 the sum of \$.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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